

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528813

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	1					
6	1					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	1					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24						
25						
26						
27	2					
28	2					
29	2					
30	(1)					
31	1					
32	1					
33	1					
34	1					
35	1					
36	4					
37	4					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	2					
48	1					
49	3					
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						